

**Interview with Steven Hazen former flight surgeon with HAL-3 during the Vietnam War.
Conducted by Jan K. Herman, Historian of the Navy Medical Department, 12 April 2005.**

Where are you from?

My home is in Florida, a small town about 50 miles north of here called Keystone Heights.

Is that where you grew up?

Yes, there and then south of Jacksonville. My family is also in Jacksonville. I grew up between Jacksonville and south of Jacksonville and then Keystone Heights. So, I always knew I was going to come here to Ocala. I really like this part of Florida. It has the rolling hills, horse country; you get an occasional shear force from hurricanes but there's never been a hurricane that actually hit this town, and an occasional rare tornado. And you're real close to everything there; 15 minutes, max an hour, to the beach both ways, lots of lakes, lots of water.

And if you're a fisherman -- I have to know, do you fish?

I do; nothing like I did years ago. I'm not a die-hard fisherman, but I go out with my friend. We go out and we creek fish, go out on the banks and we'll do the creeks and lakes. I go out with him and also do a lot of fishing on my own. I have a house at my lake place, and I'll get there on the weekends.

Well, it sounds like you're enjoying yourself.

Oh, yes, life's been good to me.

Where'd you go to school?

You mean college?

Yes.

I went to Jacksonville University the first couple of years. My family was not very well-off, so I started working when I was about 14, and in high school worked a lot of hours--30, 40 hours a week plus school. So I went to Jacksonville, because I knew the town and I knew I could get a job, so I worked there.

During my junior year I was still thinking about being a pilot in the Navy. I took the physical, found out I couldn't see. I didn't know that. But it wasn't a big deal because I knew what it was like to grow up without money. Nobody else had glasses either and I was pretty near blind. Anyway, I did find out that people do not sit up in the front of the class just so they could see. As soon as I got glasses, I moved to the back of the class.

And got out of the line of fire.

A buddy of mine was going to go to medical school. And I found out you could fly anything if you were a flight surgeon, so I transferred to the University of Florida with him because that helped with the medical school applications. I took the MEDCATS and I became a doctor to become a Navy flight surgeon.

So you went through the medical school there at UF?

No, I went to the University of Miami. I'm a graduate of the University, which is a blessing. The University of Miami back then . . . It was a big town and that was during the

Marinel boat lift and there was all this indigent care. The University of Miami, if it wasn't the first, it was one of the first schools to start clinical work the very first year. And by junior year you were working like a sub intern. In your senior year at Miami, you and the interns ran the services with the residents. There were a lot of hours of clinical time.

I wasn't really savvy about medical school back then. It was just in Florida and I wanted to stay in Florida. But I found out when I to my Navy internship that I was so far ahead because back then a lot of students didn't get clinical experience until they started interning.

But I had all this clinical experience and it stood me in good stead all through internship and allowed me to help all my buddies when they were having trouble at night because I was used to doing that. And it sure paid off when I had my first job with the Navy because I had all the patients and all the experience.

Did you join the Navy after you graduated from Miami?

When I was at Miami, I was actually going to be a surgeon. My hands were good in the operating room so the surgeons would put the rush on you to be a surgeon. You were trying to decide what you wanted to do. And actually I wanted to go in the Navy. I knew that I wanted to be a flight surgeon, because that's why I went to medical school.

My dad had been in the Navy and all my family had been in the military and in all the wars back to the Continental Army. So my family was really pro-military. I was really gung-ho to go to Vietnam. I was thinking that way and surgery fit into all that concept.

I had an internship at Miami to go into surgery. Most of my last year at medical school, I was pretty much doing medical rotations.

Then I had in '67 I joined the Ensign 1915 Program and did Reserve duty at Naval Hospital Jacksonville. In the 1915 program you could do 2 months of Reserve duty at a naval hospital. And so I did 2 months at Jacksonville. I think somewhere in that Reserve time was when decided that I was definitely going to do the flight surgery. So I applied for the Navy internship.

Did you go to Pensacola?

No, I went to Philadelphia. The Navy was just starting a surgery internship and I wanted to get in on that. They had those programs at San Diego and Philadelphia and I was selected for the Philadelphia program. So I went there and did surgery at Naval Hospital Philadelphia.

They had all those combat injuries from Vietnam. They must have had 4,000 or 5,000 kids on the ramps that were amputees. Since I was one of the straight surgery guys, we were just buried in all that.

I got to do all kinds of surgery. A corpsman and I would do all the initial revisions of the amputees. It was hard work but it gave me all kinds of knowledge because you used to start bright and early in the morning with rounds about 5:00. Then you went into the OR about 6:00, 6:30. Back then, the corpsman and I would swab the deck, clean it up, go get the patient, bring the patient in, set him up. We did a local anesthesia, numbed him up, did the revision, took him out to the recovery. Then we'd go back in, and the corpsman and I would clean the room up, and bring in the next patient.

Now, wasn't Philadelphia one of the centers for amputees?

It was the big East Coast center at that time. And then San Diego was the West Coast hospital at that time.

How many of these patients would you see in a course of a day?

Oh, it varied according to the combat situation. In fact, you could watch the news and know how many admissions you might expect. There were days when you would get 40 or 50 admissions, but a lot of days it would be 100 or 150. You can imagine what it must have been like if you were the person responsible for 100 to 150 patients with multiple gunshot wounds to the torso. There might have been some brief descriptions in the chart about allergies and then the chart got built after that, because you just didn't have time to worry about it.

Did you say allergies?

Well, you know, you had to find out what they were allergic to and what medications they were on, if you could find it out. And a lot of them came back to the States with nothing but a casualty tag on. That's all they had.

These people were fresh from Vietnam?

Well, they did it two ways. If there was a lot of fighting going on, the guys came straight to Philadelphia. They flew then in over a northern route, like over Alaska and landed right there in New Jersey. Then they would bus them over to our hospital.

If there was a lot of bad stuff going on, the kids came right out of the field. If things were under control and the casualties were low, they went to Japan. And then they flew them from Japan, and they dropped them off with us or some hospital along the way. So a kid could be a week out on his injuries or as recent as 24 hours since he incurred his injuries.

One of the first things they did when they came into the ER in this big open space was to look for weapons such as grenades. Some of those kids still had their stuff with them and they weren't going to let go of it. And nobody was going to have a fight with them about it.

You mean these kids had been flown in from Vietnam freshly wounded, let's say, and they still had weapons with them?

Certainly not everyone, but every now and then there was a kid who did. But, I'd venture once a week you found some weaponry--some grenade or something on a kid--and you'd pick it up and give to the master at arms.

But it was something to see. I learned so much at that time besides doing surgery and it really fired me up for Vietnam. I was just gung-ho and really hot to try to get there.

You were talking about doing revisions. What would you see? Below the knee and you'd have to go up higher?

Well, most of the ones that I did alone were the below BKs, below the knee. There are fewer larger vessels. You had to identify the large vessels, debride the wound, and leave enough skin for the flap. It was the first clean surgical debridement in-country. And I got to do those because I was good at it.

It was amazing the stuff they let me do. In the neurosurgical service, you used to make plates out of some sort of poly plastic to replace bone in the kids who had lost part of their skulls. I got to sew those things in. I got to do surgery that was just awesome stuff for a young guy. But remember, I was just as gung-ho as you can get. The hours were long, but I ate it up. I was just hot for it.

Did you have something like a mentor or some senior guy that was helping you or showing you how to do it? How'd you learn how to do that stuff?

With each rotation you did it with the guy who was a resident or staff surgeon. It was the assistant chief of neurosurgery who liked me and he let me do these things. I really got into plastic surgery. I really thought I wanted to do plastic surgery when I was there. There were so many new developments in plastic surgery. So I got to rotate on the plastic surgery service and the hand service. They were just developing all these new techniques for replacing lost fingers and thumbs by taking a toe and making it into a thumb.

I was in the OR from 6:00 or so until 6:00 or 7:00 at night. And then after that, I went and did all my rounds. And I ate when I could. I was on every other night, so the night I was not on I'd get home around 9:00 or so. And, of course, the night I was on, you were there until 9:00 the next night.

Every other weekend I had duty and I went in on Saturday morning and came home late Monday night. I had a place to sleep on the 10th floor at the hospital, but as a surgery intern you hardly ever got up there. And then because I was one of the surgery interns, every time something was bad and they needed somebody in the OR, they'd call for you. I was doing a pediatric rotation and they'd call me off pediatrics and I'd spend several hours in the OR until they had it under control or until a staff surgeon came in because they needed him. And then I went back to do my pediatric stuff. So I guess you could say it was kind of screw job, but from my point of view it was an opportunity to do stuff, so I just looked at it as a gift.

What was dramatic about Philadelphia was the emotional pain of all those kids. I was 25 and they were like 18, 19 and a lot of them had missing arms--two arms, legs, face. Some of the Marines were really tough and ready, but some were just shattered.

When a patient arrived, they put him in the dirty ward. There had to be hundreds of them on these nasty open wards of this big hospital. There may have been 100, 150 kids on each open ward. They were all open bays with beds right next to each other, only a few feet between the beds, none of that 6-foot stuff. There was just enough room to move between the beds.

Then we would begin debriding their wounds. That was the intern's job. We would then do their first dressing change since they got back from overseas. And we'd clean their wounds. We did that several days until the wounds were clean. And as the wounds got cleaned, we'd move them into semi-clean wards. Then when there was no sign of infection, then they could go to the OR. You couldn't take them to the OR until there was no sign of infection. But the kids who were not doing well, would get mad and then do everything they could to make sure their wounds were clean. They'd hold their leg up and help you clean it and make sure you didn't miss anything.

There was none of this passive resistance when someone is depressed and feeling sorry for themselves. And they'd fire up and get out of there. Then those same kids would be the ones that would want to help with somebody later who was having a hard time. They'd say, "Hey, let me go deal with him." It was just amazing. I was so impressed by those young folks.

Back then in '69. I think one in every eight or nine kids was probably a corpsman. We were losing corpsmen by the truckload back then.

That was the year they were drafting corpsmen. They had never drafted corpsmen before. They had to draft corpsmen because there were so many getting injured.

There were so many kids, and you worked so many hours. Sometimes you couldn't get to their dressings the first day they came in because there just weren't enough hours in the day and there were so many patients. When we removed the dressings, there were maggots in the

wounds. I noticed that the kids that had the maggots in their wounds, the wound edges were cleaner. So I started taking the maggots out of the wounds of the kids' dressings in the dirty ward and putting them in my lab coat. And then the kids that had the really bad wounds that I couldn't clean up, I'd take those very same maggots and put them in those kid's wounds and wrap them up. I started getting these really clean wounds fast, getting kids to the OR.

And that's how I got into doing my own revisions because my patients' wounds were being debrided and cleaned up so well. My end of the machine was pumping more kids to the OR than the system was used to. So I got to take them in and do them because otherwise they were waiting to get in the OR. I did that with maggots, and I used to walk around with this lab coat that was like a green meniscus under my pockets on both sides and that was the stain of the bacteria, maybe the pseudomonas that was in the wounds. But the pseudomonas was nothing compared to the dead skin that you had to get out of there.

My wife would go crazy. I'd have these little green, slimy marks on my pockets. Well, you know today they're actually doing that. They've been doing that for about 3 years now. They've been growing biologically super clean maggots and using them in debridement and plastic surgery.

Yes, they'll just go for the necrotic tissue...

That's all they'd do. They took off the necrotic tissue. After a few months, a couple of the other guys who were doing that kind of work asked me, "How in the heck are you doing that?" And I showed them and pretty soon I think the majority of the interns were ripping maggots off one wound and putting them on another to clean it up.

So this was certainly not an accepted practice in the hospital. If you'd been found out by the leadership you would have been in trouble, right?

Well, I think I probably would have been in trouble, but the results were fantastic.

Didn't they also fit the patients with prostheses there?

Yes, a big prosthetic center. Patients actually worked their way up the ramp. I guess there were about 15 portables on each side of the ramp, about 30 portables altogether. The closest portable to the main building housed the new wounds, then the clean post-op wounds, and the further they went up the ramp, the more they were into their rehab and prosthetic stuff.

I used to get called out there almost every night for problems with emotional problems, pain, and drug issues. You would be amazed how many of those were to help with a nurse. There'd be a young innocent nurse out there on the ramp, and she'd be responsible for three or four ramps. And she has 300 or 400 18-year-old kids missing arms, legs, faces. So I would just go out and sit out there with the nurse and they'd talk. Sometimes a kid was giving her a hard time or wanted more drugs than she could handle. And so a lot of the calls were for the nursing staff.

They needed some help.

Well, the nurses needed emotional support to deal with the stress. I mean, they were young girls who were fresh out of school being sent out there to be on a ward with 300 or 400 kids who had just been mangled. And there wasn't a lot of training then on how to deal with that part of stress or how to take care of yourself in that kind of environment, how to insulate oneself, yet still be caring and take care of people.

I remember those nights a lot. And I remember the wild things that kids do. Those young kids would have races in their wheelchairs, and I'd have to go out and treat some kid who had just broken the only good arm he had because he fell off a ramp having a race. Then there were young ladies of the night who always seemed to find a way into the wards out there, and I'd have to come and deal with that kind of stuff at night.

There were terrible things; there were young kids who died no matter what you did and they knew they were dying. I was young and that was pretty horrid. You were working enormous numbers of hours trying to keep these kids alive and it wasn't always fun.

How long were you at Philadelphia?

A year. I stayed in the ER because I really liked emergency medicine. When I wasn't doing medicine or wasn't moonlighting in medical school, I used to spend my nights in the emergency room at Miami because it was a major ER and I liked emergencies. So I had a lot of emergency experience. I was a GMO for 2 months in the ER there and then I went to flight school.

You had been thinking about being a flight surgeon all that time. How did you finally get into that?

Well, I was one of the surgery interns and I had been selected for my residency. I had to go see the chief of surgery for the interview, although I had already been picked. It was one of the formalities and I'll never forget it. I went in to see him and I sat down and said, "Hello, I'm Steve Hazen." And he said, "Well tell me Steve, what service are you with, who do you work for?" And I had been working for him for like 7 or 8 months.

Is that right? He didn't even know that.

Yes. And it just offended me. I had been there taking care of all those wounded kids. And I just stood up and said, "I'm sorry, sir. I think I came to the wrong office." And he said okay. And I said okay and I left. And then I put in for the flight surgery program and I got it. And I went to flight school.

So where was the flight school?

Pensacola.

What was that like?

It was wonderful. I got to fly which was awesome. I went to flight school and they taught clinical things back then that nobody taught. They didn't teach that in medical school. Instead of all the exotic medicine, they taught how to do an eye, an ear, and nose exams and physiology, and they really applied it to the patient, because even in medical school a lot of that was super science but not practical.

So the school was really geared to making you into an excellent family doctor--a first-line care person and flight surgeon. I thought that was wonderful. I had heard about HAL-3 at Philadelphia when I was there. I had met some pilots there and they had told me about it. HAL-3 was a helicopter unit that had just been formed, I think, in '68. They used some Army helicopters and then they formed it up to the CTF-116 which was . . .

CTF-116?

Right, Command Task Force 116 was SEALs, Riverine Force, and the HAL-3, the helicopters. They had gotten some Army helicopters and now they were a full-fledged unit by '69. They were a full-fledged helicopter squadron for close-in combat, and that's what I wanted. I knew that then and so I was really fired up to go there.

When I got to flight school, one of the rotations that was coming up was HAL-3. I didn't tell a soul about that. I didn't even talk to anybody. I kept that real tight. The way flight school went, you had a selection board at the end of flight school and, based on your grades, you got to pick what billet you wanted.

Some picked carriers as a junior officer on a carrier; a lot of people were picking home safe bases. But I was so gung-ho, I couldn't conceive anybody not wanting to be in-country with helicopters to be that close to the fire fight.

What does the HAL actually stand for?

Helicopter Attack Light. They were Huey helicopters, and they were manned with .50 cal., .60 cal. mini guns, rocket pods, and they were in detachments--eight or nine detachments all in III and IV Corps. They flew real close combat support to the Riverine Patrol and then a lot of other attack things.

So what happened after you picked up that squadron? Did you go right to Vietnam after that?

No, I went to California to the SERE School, Search Evasion Rescue Escape School. That was one of the less than happy moments of my life because I was so gung-ho. I don't know if you know a lot about SERE School, but you spend several days going through learning combat survival skills.

They put you in a mock prison.

Yes, you don't eat for a day or so except for minor food and then you spend a day just eating what you can get. I learned then if you're hungry enough you'll eat anything. And you're with not just doctors. Everybody in SERE is a volunteer. Everybody in SERE that I was with was going to my unit, HAL-3 or going to VAL-4, which was another combat OV-10 Unit in the Navy. So you're all volunteers, and you want it real bad. You're all gung-ho.

I suffered a lot of injuries in SERE School. I got a pretty bad concussion, both my knees were swollen, and I was pissing blood for a week after SERE School. One of the things they told you there was that if you had any injury, you had to report it. But when you reported an injury, you were taken out of the rotation, taken away from your group, and you had to start over again. None of the guys I was with were likely to do that. That was my experience with SERE.

What was your trip to Vietnam like?

It was a couple days after SERE that we were on our way to Vietnam. We flew over to Saigon and spent 2 or 3 days there.

You went directly to Saigon? You didn't go to Danang or anything?

No, we flew to Saigon then had to get a ride from there. We went from there to Binh Thuy. When I got to Binh Thuy . . .

Did you go with a bunch of other guys or did you go just as a replacement yourself?

No, on the flight I was on there were about four or five of us. It was just random. You lived in the barracks with a gazillion other guys and I don't know how they picked you, but every morning they said who was going. So there were four or five other guys that were in my unit that I met and went to Binh Thuy with.

There was a flight surgeon already there. Prior to me getting there, there had only been two other flight surgeons. One, I think his name was Clarence Spence. He had been a commander. So I was a real green lieutenant.

For whatever reason, I never was clear about that, but the guy who was there didn't leave. He stayed on for a couple of months, which turned out to be really great for me because he was senior. He had been a lieutenant commander for a few years. He went to the staff meetings in the morning and made it very clear to me that my job was to work in the dispensary and I didn't need to go to the staff meetings. My job was to take care of all the sick patients and he would do all the other stuff. So I just dug in at the dispensary seeing patients.

Was the dispensary, at Bihn Thuy?

Yes.

And what did it look like?

It was a barracks type building. When you went in the front door it had two medical officer rooms as you went in on the left. On the right were storerooms, a generator room, and then an x-ray room. There was a big open bay which had two surgical tables. Then on the right was a lab and pharmacy supply. On the left was the pharmacy. There was another storeroom on the right and a big bay in the back that the corpsmen mostly slept in. It was set up for patients, but the corpsmen had been using it for a place to sleep. The corpsmen had to rotate on the bunk beds if they had a patient spend the night. The dispensary had x-ray and a lab and you could do cultures and blood tests and not much chemistry. There was an Army hospital nearby in the Can Tho Field Hospital so they could get stuff done there.

At one time, the building had been a headquarters for somebody and so it had some sandbag revetments and on the corners they were falling apart. And around the edges were some old protection like boxes of plywood that had dirt in them that had surrounded it. They were all crumbled to the ground.

And then the other side was the generator and some conex boxes where we kept all the medical supplies. It was near the chapel and a couple of blocks from the airfield.

Did you ever go on any medevac missions?

Oh, yes, because this flight surgeon was mostly into the staff meetings and social hours. They had a det near Saigon and he was up there all the time. It was wide open for me because he told me what I couldn't do and not what I could do. So I did sick call. One of the things he had said was that the skipper had been concerned that the troops were not getting out of sick call fast enough because he was in staff meetings. So I started having sick call open up real early in the morning and we'd get the sick calls done.

There were Army medevac units there that were having trouble getting seen and so I just took them in. I just expanded the accessibility of the care because I was gung-ho and hyper, and I figured the more I did the faster the time would go.

They had two ambulances and they never went off base. They just ran supplies; people borrowed them to run supplies in them. The Army wouldn't go off base with their hospital

because they thought it was too hostile. I had a couple of corpsmen who liked to do stuff and so every now and then there'd be a bad accident or something happen outside the gate and they'd call.

And I was there one night and instead of saying no, I just asked the guys, "Hey, you guys want to go out and do that?" And we went out. The corpsmen loved it. They wanted to do it. All you had to do is say, "You guys want to do that?" The flight surgeon was always off at the different dets visiting people, but the corpsmen never got to go.

Then we developed crash kits that we could carry out to run sick call. These were bags we made up from the dispensary so they could hold sick calls out at the dets.

What'd you call them, crash kits?

CRASH Kit was what they called it in flight surgery. It was something you could carry to an accident. I made medical bags they could carry called sick call bags. We set up a system where if a helicopter or anybody went down or needed somebody, then they'd call us and we'd go. We had this big crash kit we kept at the communication center and if somebody went down they could call. We set that up in a day or so letting people know we had it.

Wherever I was, the guys would just call me and I'd run over there. I had my weapons, my flight gear, and my crash bag, and we'd load up and go. One of the greatest things I liked to do was to go to where a helicopter went down or where some accident had happened. I'd go in myself or a corpsman and I would go in. We'd take the wounded out and then we'd come back home and we'd brief the SEAL team before they even went in to secure the area. We did that many times.

This skinny little doc had already been in there and got the wounded out and now he's briefing the SEAL team to secure the area. I mean that was like counting coup. It was just fun.

Do you remember any particular medevacs you did that really stand out for any reason?

Well, I did it a lot. I flew 250 missions with HAL-3 and over 100 with the Army. So I flew a lot of hours. I worked at the dispensary all day and flew all night. I slept whenever I could. I can remember one Navy mission. There was a big fire and the ammunition barges blew up in a town called Rach Gia. I flew out there and took care of the badly wounded. I came back home and tried to get a MEDCAP to go in. But then I couldn't go back because it was such a hostile area that they wouldn't let a medical officer go into that kind of an area. I had already been there, but I didn't want to tell them.

So then they sent me in with three PBRs--patrol boats for protection. I went back in to see the villagers again and that was a major event.

Larry Cover was a good friend of mine at Det. 7 and his helicopter crashed in the Plain of Reeds. The word was "Seawolf down." We had this crash kit available so we rushed out there and there were a couple of the unit guys on the ground with the crash. There was one gunship flying cover on top. I was on the slick, an unarmed helicopter. They dropped me in. It was pretty gruesome. What you wanted to do was to get the bodies out as fast as possible before they got booby-trapped.

I had the crewmen from the det. leave. Another guy stayed on the ground with me in the swamp area. That helicopter hit the Plain of Reeds and just made a big hole 15 feet across and very deep. I had a crowbar and some tin snips in the crash kit. I went in to see if the bodies were in there and it was a terrible experience. The bodies in there were underwater. I'd tried to locate

the cyclic control figuring that the pilot sat here. And another crewman over here. I found the four bodies.

Anyway, this helicopter was full of fuel so that hole was filled with JP-5 and that JP-5 was just eating me alive because I was up to my waist and, in some places, up to my chest in this jet fuel. So it was just burning my skin as I was trying to get those bodies out. But slowly, one by one we got the bodies out and the SEAL team came in while I was doing that.

We got the bodies out and then I flew back to Binh Thuy with the bodies. Then I changed clothes and showered. I walked around for about a week and a half like somebody kicked me I was so burned by that JP-5. Two or three times a day I'd take a whole jar of steroids and bathe myself. I remember that one. I remember that one well because I lost a friend. But it was my job and I was very proud to do it.

I went to what's called the TOC every afternoon and the intelligent shed and I would read and talk to the guys and find out what areas were really bad, where the combat was going to be pretty bad. And then I'd fly out to that det. I'd show up and say, "Hey I'm here." And the guys would have kind of an attitude like, "Well, it can't be bad if Doc's here. The Doc wouldn't come here if it was going to be bad."

But it didn't take the guys long--maybe 2 or 3 months before the line was reversed. It was now, "Oh hell, the doc's here what's going to happen today?" I only went out where I thought it was going to be bad. That's also how I got to fly with the dust-off.

So this was with the Army.

It was the Army 57th and 82nd. They were stationed at Binh Thuy. Their skipper went to my skipper and asked if I could be assigned as their flight surgeon. So the skipper called me in and told me and I said, "Sure I'll do that." When that happened I started flying with them almost all the time at night.

What was that unit called?

The 57th and 82nd Dust-off Units at Binh Thuy. Then I started doing all their flight physicals because their flight surgeon was several miles away. And I did all the sick call. And I flew with them, I flew lots of missions with them, just awesome missions. I made a good record. I pulled out well over 400 people. And if I got them alive, I got them home alive.

And I don't know if you know this, but with the Vietnamese hospitals, the doctors went home at 4:00. There wasn't anybody in the hospital. So the Army guys were like, why bust my butt to do a medevac at night if they're going to be dead in the morning because there's nobody to take care of them. So I worked hard on those young kids telling them that that wasn't the point. The point was that they were learning on this to save a life on one of our guys when we're called. And when that guy was psyched up that way, then they really dug in because then I could teach them how to cricothorotomies and how to treat wounds. I got to teach and I got to participate.

The dust-off was Army. They didn't use that term with the Navy.

The Navy didn't do that. The Navy didn't do any of those pickups. But HAL-3 did and it was a fun thing. Besides, it consumed the time while you were in-country.

How long were you there in Nam?

May until March.

And did you fly maybe half that time with the Army?

Well, I did 250 Navy and 100 Army missions.

If you went out on a dust-off and you picked up wounded or something, you could do the work right there in the helo?

Oh, yes. But that was terrible stuff. We would go into outposts that the VC were attacking. We would pick up the wounded. We would get so many on the helicopter the helicopter couldn't lift. A helicopter can only rotate so many degrees, I think 11 degrees right and 15 degrees left and then it flips. We loaded the helicopter to the max load, and we'd fly out of the combat zone. We'd go 40, 50 miles to a clearing somewhere--a field--and then we'd get the pilot to land. I'd then work on the ones who were covered with the most blood and try to control the bleeding.

So we'd get out of the firefight, get clear and then try to stop the bleeding. Some of those people would not have any wound under all those bloody bandages. Not all of them; there were only a few. They had taken bandages off of somebody who had been hurt to get out of the outpost. But you can understand that because we might make one or two runs on that outpost to get the wounded out. Then we'd go back and find that everybody at the outpost would be dead; nobody would be left. When you were at these outposts, the VC would be coming over the wall and shooting at the helicopter. I had my M16 and I was trying to clear the wall so you could get out. And if we were lucky, there'd be a gunship out there somewhere, not always. If there wasn't a gunship we were on our own. If there was gun, he'd clear the wall so you could fly out.

What is that expression; you never know how much you enjoy life until you get close to death, right?

Well, I really appreciated life after that, but it was pretty traumatic. You were really doing something; you were bringing wounded people out. I remember one outpost. The guys had held off the enemy. When we went in for the last pick up and we only had one guy. We were coming out and in the wire I saw there were kids crunched down against the wire.

So I told the pilot, "Hey, go back down. Let's check it out. One of those kids had been hit in the chest and the other one in the head. So I picked them both up. They were little kids, like five or six, and I ran them back to the helicopter and we put them in. I put a soft dressing on the kid with the head wound.

The chest wound was an open wound--a sucking chest wound--so I fixed a chest wound dressing so she could get some more air, and then I sat her up.

We went to the Army hospital emergency room and they told us they didn't treat Vietnamese. It was like gosh, "I was out with your Army helicopter picking up these kids and you don't treat them?"

They said, "Take them to the Vietnamese Hospital in Saigon."

So I went ballistic. I just lost it. I took off my helmet and threw it on the ground. It hit the ground and ricocheted into a stack of IV bottles and they just crashed on the tile floor and shattered. I had a chest tube in the little girl and got her IV started and stuff like that and then the OOD came in. The surgeon on call came in and they agreed to take the little girl and finish up and take her to the OR. And they told me to take the little kid with the head wound to Saigon.

So we loaded up and took the kid to Saigon. I called back to the Navy base to my skipper to have him call ahead to Saigon to have it arranged so we could take him to the Saigon hospital,

the Army hospital. Awesomely, those two kids lived. But the next morning I had to go sit before the CO of that Army hospital and be told how bad I was for taking these little kids into the hospital and how if they did that every day they wouldn't be able to do their job. So there were moments when I lost it, and that was one of them.

Yes, but you saved them.

Yes. I really got into fighting death. There was a VD clinic in town and the Army ran it. They used to inspect all the bars and stuff. I was always looking for stuff to do and so the guys were telling me about people needing help. Up till then, we just got a list of guys at risk. And we treated our guys. You could do GC cultures right there at the dispensary. None of the Army docs did cultures or anything.

So I volunteered to go work in the clinic and it turned out none of their doctors ever went to the clinic; it was just their medics. I started doing that about 4 hours a week. I got the corpsmen and we started doing cultures and taking them back to our dispensary and actually testing to find out if somebody really had a venereal disease or not. I got to treat Vietnamese people that were sick and their little kids.

And that brought people to the gate at the base. They would come up to the gate and I don't know what bac si lam means. I think it meant skinny doctor. But they called me Bac si lam. I'd get a call from the guard saying "There were people there to see you, doc," and so at first I had to go out and clear them, but after a while, I'd say, "Oh it's all right, send them in." And they'd send them in to the dispensary.

I also did lots of medevacs and got into doing MEDCAPs, Medical Civic Action Programs. I started going out to villages and places that had fires. The corpsmen and I would go out and the helicopters would take our bags. Or we'd go on PBRs and I got a lot of that going.

We'd fly a hundred miles to see some of these people. Yet they could find some way to get all the way up to this base with their boats--sampans in order to get follow-up care. So I did a lot of care like that.

That's great.

I worked in an orphanage that was there. It was great. On Sundays I'd go to the orphanage and saw so much disease in there. I had a lot of pediatrics. I diagnosed a case of polio, and I got in contact with my Navy admin officer and then the Army and we got polio vaccine from the States. It took about 2 days to get there. We vaccinated all the kids and only ended up with four or five cases of polio.

So much was going on.

There was a VN corps school and we were teaching them and, of course, our corpsmen were gung-ho to teach what they had to offer. There were the firefights and the battles and...

So this all was in the Delta you were talking about? This is all down where you were?

Yes. In IV Corps. It was really hostile. When you flew it was a really Charlie's country. I made inserts into the jungle to get wounded out. I lost a good friend in the Army dust-off in November of '71--Ron Schultz. He went in to do a rescue over a minefield and they crashed into a mountain. We went in to get the bodies out. The mountain belonged to the VC. So they

landed us on the top of the mountain in a clearing, an Agent Orange clearing, and then we went down...

Did you say a clearing that would have been cleared off by Agent Orange?

Yes, so it was cleared for a landing zone. It had been done a few years before, and, even though grass was growing back, it was still cleared. I still have a picture from that. One of the guys from the helicopter gave it to me. He took it as we were going into the jungle.

But I had that picture all through my career. The guy gave it to me; he had written on it, "Remember Doc, it can always get worse." And so I always kept that wherever I was, right near my light switch, so it was one of those moments in life where you had to go talk to somebody or something was going on or one of your guys was in trouble, I'd turn the lights off in my office and I'd remind myself. This is nothing. Whatever this is today, it's nothing because that mission was bad.

How long were you over there?

I went there in May and we came out in March, so it was 11 months.

What'd you do when you got back?

I went to Imperial Beach as a flight surgeon with HSL-31.

What was that squadron?

HSL-31. And HC-7, which was the rescue guys off the coast. But the war was ending so we were pulled out a month early. Nixon had pulled our troops out. In fact, I was the last HAL-3 guy to leave Binh Thuy. That was a big joke. The Navy Medical Corps didn't give me orders to leave. So the guys were jerking me around. I was still young and naive and, prior to me, the guys had always been senior officers. I really believed I was going to be left there because I didn't have any orders. Everybody was on the last flight out and the skipper and XO were in the helicopter and they took off. They circled around the base. I guess they were taking pictures, but I thought I was left there. And then they came back and said, "Get on" and they took me up to Saigon. I still didn't have any orders. But when I got to Saigon they started checking around and kept bugging the detailers until they got me orders to leave Vietnam. The Unit was pulled out but the Navy Medical Corps had not given the orders for me to leave.

So you were stuck behind.

Well, I thought I was going to be stuck behind, but then the skipper was looking out for me.

So then you got back and you served with these other two squadrons?

Yes.

How long were you with them?

About a year and a half, two years. Then I was going to go to a residency. I wanted to be an emergency medicine doctor, but there was no specialty like that, so I went to family practice.

So did you make a career in the Navy? Did you stay in?

Oh yes.

How long were you in altogether?

Well, not quite 30, 29 and 9 or 10 months.

And when did you retire?

In '94.

So what'd you do after you retired?

Emergency medicine for 2 years. Then in 2000 I retired totally.

So now you're just having fun.

Now I just play.

Hey, that sounds great.

Yes.

Well, I thank you for spending time with me this afternoon. I really enjoyed hearing about your career.

5700 Southwest 35th Lane, Ocala, FL 34474.